



YOU CAN MAKE
A DIFFERENCE !!!

KENTUCKY DEVELOPMENTAL DISABILITIES COUNCIL DUTIES AND RESPONSIBILITIES OF MEMBERS

Council members are expected to attend regularly scheduled meetings (two day, quarterly monthly meetings)

New members are expected to participate in new member orientation.

Members are expected to prepare for Council and Committee meetings by reading regular informational mailings.

Members are expected to read and respond to action alerts.

Members have the responsibility to represent the State's entire developmentally disabled population as well as specific disability groups.

Members have the responsibility to share their perspective on issues effecting the State's developmental disabled population.

Members are expected to serve on one of the Council's committees and to participate in the activities of that committee.

Members should be available to advocate on behalf of persons with developmental disabilities and to advise the Legislature and Governor on these issues, unless they are prohibited from doing so by the nature of their position.

Members are expected to mentor to new Council members.

Members may be asked to attend conferences and workshops, either to be trained or to represent the concerns of the Council and persons with developmental disabilities.

Members may be asked to attend public hearings, meetings, and make comment on state plans or rules and regulations which affect persons with developmental disabilities and their families.

Members may be asked to carry out the Council's public awareness functions by contacting local media representatives and by representing the Council at public events.

Members who have been absent from three (3) consecutive Council meetings will be consulted by the Chairperson concerning his/her willingness to continue to serve on the Council. The Chairperson shall report on such consultation to the Council and the action to be taken. Such action may include recommendation of suspension or removal from the Council or Council activities.

**KENTUCKY DEVELOPMENTAL DISABILITIES COUNCIL
NOMINEE BIOGRAPHICAL/APPLICATION SHEET**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____ Fax Number: _____

Section 102(8) of the Act defines the term .developmental disability..

A. A server, chronic disability of an individual that i) is attributable to a mental or physical impairment or combination of mental and physical impairments; ii) is manifested before the individual attains age 22; iii) is likely to continue indefinitely; iv) results in substantial functional limitations in 3 or more of the following areas of major life activity: (I) Self-care (II) Receptive and expressive language (III) Learning (IV) Mobility (V) Self-direction (VI) Capacity for independent living (VII) Economic selfsufficiency;

and v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

B. INFANTS AND YOUNG CHILDREN- An individual from birth to age 9, inclusive, who has substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in clauses i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

The federal and state laws that establish the Developmental Disabilities Council specify certain categories for membership. Please check the category you represent (one only):

_____ Person with a developmental disability (based on the Federal Definition)

_____ Representative of a person with a developmental disability

_____ Representative of a person who has or currently resides in an institution

Your signature below indicates that you understand and do represent the category you have selected.

Signature: _____

Name (print) _____ Date _____

Please complete & return this form & the attached Information for Boards and Commissions to one of the following places:

KCDD
100 Fair Oaks Lane, 4E-F
Frankfort, KY 40601
Fax: 502/ 564-7841

Boards and Commissions, Office of Policy and Budget
Cabinet for Health and Family Services
Mail Stop 5W-A
275 E. Main St.
Frankfort, KY 40601
Fax: (502) 564-2467

